

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00411553

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 25 2014

through

M M M / D D D / Y Y Y Y Y Y
12 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 30 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 25 / 2014 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		408793.60
(b) Cash on Hand at Beginning of Reporting Period.....	396469.80	
(c) Total Receipts (from Line 19)	43563.25	482067.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	440033.05	890861.08
7. Total Disbursements (from Line 31)	685.78	451513.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	439347.27	439347.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22434.11	308513.81
(ii) Unitemized	17113.50	156012.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	39547.61	464526.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	39547.61	464526.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1015.64	7041.39
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	3000.00	10500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43563.25	482067.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43563.25	482067.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	655.78	7867.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	655.78	7867.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	393000.00
24. Independent Expenditures (use Schedule E)	0.00	50000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	30.00	646.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	30.00	646.25
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	685.78	451513.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	685.78	451513.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	39547.61	464526.09
34. Total Contribution Refunds (from Line 28(d))	30.00	646.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39517.61	463879.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	655.78	7867.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1015.64	7041.39
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-359.86	826.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 45
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neal A Baillargeon MD

Mailing Address PO Box 766

90 Broad St

City

Kinderhook

State

NY

Zip Code

12106-0766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2014

Transaction ID : C2893022

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Macaran A Baird MD

Mailing Address Univ Of Mn Dept Of Fp/Mmc 381

420 DELAWARE ST SE

City

Minneapolis

State

MN

Zip Code

55455-0341

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of MN, FM&CH

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2014

Transaction ID : C2893017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Frederic Baker MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMMHC

Occupation

Family Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2014

Transaction ID : C2880300

Amount of Each Receipt this Period

43.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

643.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cedric T Barnes DO

Mailing Address PO BOX 337

City
MilfordState
DEZip Code
19963-0337FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Delaware Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2014

Transaction ID : C2876659

Amount of Each Receipt this Period

121.67

Full Name (Last, First, Middle Initial)

B. Cedric T Barnes DO

Mailing Address PO BOX 337

City
MilfordState
DEZip Code
19963-0337FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Delaware Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	27	/	2014

Transaction ID : C2900186

Amount of Each Receipt this Period

121.67

Full Name (Last, First, Middle Initial)

C. Justin V Bartos MDMailing Address 4300 Cagle Dr
Ste 200

City

North Richland Hills

State
TXZip Code
76180-8380FEC ID number of contributing
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	23	/	2014

Transaction ID : C2899596

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

285.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher M Baumert MD

Mailing Address 723 N 32nd St

City

Billings

State

MT

Zip Code

59101-0622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

12 / 01 / 2014

Transaction ID : C2875394

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Mark Harris Belfer DO

Mailing Address 800 Brook Rd

City

Wadsworth

State

OH

Zip Code

44281-8854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 22 / 2014

Transaction ID : C2898882

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Janice L Benson MD

Mailing Address 4452 N Francisco Ave

City

Chicago

State

IL

Zip Code

60625-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

12 / 17 / 2014

Transaction ID : C2893027

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1030.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 45
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd

City
Kingsport

State
TN

Zip Code
37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

ETSU

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2014

Transaction ID : C2887340

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kathryn Brandt DO

Mailing Address 180 Ingraham Mtn Rd

City
Augusta

State
ME

Zip Code
04330-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New England College of O

Occupation

Academic Physician, Chair of Primary C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2014

Transaction ID : C2880299

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Mary F Campagnolo MD

Mailing Address 1561 Route 38 Ste 6

City
Lumberton

State
NJ

Zip Code
08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virtua Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899056

Amount of Each Receipt this Period

143.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

263.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee Marvin Carter MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 30 / 2014

Transaction ID : C2876649

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lee Marvin Carter MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 30 / 2014

Transaction ID : C2900455

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Domenic Wm Casablanca MD

Mailing Address 4 Corporate Dr
Ste 195

City

Shelton

State

CT

Zip Code

06484-6240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primed Physicians/NW Mutual Group

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

731.00

Date of Receipt

12 / 24 / 2014

Transaction ID : C2900052

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899057

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Jose M David MD

Mailing Address 804 Huntington Ct

City

Albany

State

NY

Zip Code

12203-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Peters Health Partners Medical Asso

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2874234

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Paul W Davis MD

Mailing Address 9801 Homestead Trl

City

Anchorage

State

AK

Zip Code

99507-6765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900055

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3281.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 45
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerald Eugene Eliaser MD

Mailing Address 7483 Kennedy Rd

City	State	Zip Code
Sebastopol	CA	95472-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2014

Transaction ID : C2876606

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James A Elzy MDMailing Address 1351 Bryant St NE
Apt 4

City	State	Zip Code
Washington	DC	20018-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : C2898367

Amount of Each Receipt this Period

34.10

Full Name (Last, First, Middle Initial)

C. John Read Eplee MD

Mailing Address 163 Deer Run

City	State	Zip Code
Atchison	KS	66002-6163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Atchinson Hospital

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2014

Transaction ID : C2876125

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

649.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Seth Yawki Flagg MD

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer

USN

Occupation

Physcain

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2014			

Transaction ID : C2876077

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Theodore G Ganiats MDMailing Address 9500 Gilman Dr
Dept 622

City

La Jolla

State

CA

Zip Code

92093-0622

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2014			

Transaction ID : C2873985

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Olivia M Graves MD

Mailing Address 14150 Old Cutler Ro

City

Palmetto Bay

State

FL

Zip Code

33158-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2014			

Transaction ID : C2898902

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Allan Gross MD

Mailing Address 506 15th Ave NE

City

Saint Petersburg

State

FL

Zip Code

33704-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Primary Care

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2014			

Transaction ID : C2882088

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. James Wesley Guyer MD

Mailing Address 3314 Jack Burke Ln

City

Billings

State

MT

Zip Code

59106-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer

RiverStone Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2014			

Transaction ID : C2900063

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Boyde Jerome Harrison MD

Mailing Address 904 26th St

City

Haleyville

State

AL

Zip Code

35565-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2014			

Transaction ID : C2880334

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

479.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judy Baker Harrison MD

Mailing Address 2474 River Place Ln

City

Orange Park

State

FL

Zip Code

32073-6154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876609

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2014

Transaction ID : C2880302

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2014

Transaction ID : C2899075

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

715.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wayne K Hoffman MD

Mailing Address 408 Rock Springs Rd Ne

City State Zip Code
 Atlanta GA 30324-5102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 08 2014

Transaction ID : C2887148

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Leonard Marc Horowitz MD

Mailing Address 7 Federal St

City State Zip Code
 Danvers MA 01923-3668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 24 2014

Transaction ID : C2900069

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. David Standish Hoskins MD

Mailing Address PO Box 2200

City State Zip Code
 Minden NV 89423-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 03 2014

Transaction ID : C2876655

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanine S Huttner MD

Mailing Address 5300 Harroun Rd Ste 304

City
Sylvania

State
OH

Zip Code
43560-2182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Promedica Flower Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900107

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. William G Jackson MD

Mailing Address 202 Alcorn Dr

City
Corinth

State
MS

Zip Code
38834-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900071

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jessica Johnson

Mailing Address 5933 SW Hood Ave

City
Portland

State
OR

Zip Code
97239-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2014

Transaction ID : C2882087

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

765.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Paul Kajencki MD

Mailing Address 119 Front St Unit 402

City

Woonsocket

State

RI

Zip Code

02895-7806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C2907187

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Philip Kaplan MD

Mailing Address 4303 Watervale Rd

City

Manlius

State

NY

Zip Code

13104-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C2907178

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Gregory King MD

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : C2872533

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

785.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin K Kurohara MD

Mailing Address 75 Puuhonu Pl
Ste 205

City State Zip Code
Hilo HI 96720-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876084

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David W Lillich Lillich

Mailing Address 5346 N Santa Monica Blvd

City State Zip Code
Whitefish Bay WI 53217-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical College of Wisconsin

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C2907192

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher M Mahr MD

Mailing Address 3085 Firestone Ct

City State Zip Code
Sumter SC 29150-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Colonial Family Practice

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2014

Transaction ID : C2876654

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

660.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin B Martin MD

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Life Care Physician Services

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 22 / 2014

Transaction ID : C2898929

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Barbara A Matthews MD

Mailing Address 15 Arbor Way Dr

City

Decatur

State

GA

Zip Code

30030-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

12 / 08 / 2014

Transaction ID : C2880358

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

12 / 03 / 2014

Transaction ID : C2876122

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2014

Transaction ID : C2893003

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900118

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C2907195

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne M Montgomery MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 27 / 2014

Transaction ID : C2876651

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anne M Montgomery MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

12 / 27 / 2014

Transaction ID : C2900187

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.92

Date of Receipt

12 / 09 / 2014

Transaction ID : C2882089

Amount of Each Receipt this Period

91.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

591.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 45
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Lynn O'Dell MD

Mailing Address 4704 Rockhill Rd

City

Kansas City

State

MO

Zip Code

64110-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2014

Transaction ID : C2876607

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christine Christine O'Donoghue-Kitt O'Donoghue

Mailing Address 100 Irving Ave

City

Freeport

State

NY

Zip Code

11520-5909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2014

Transaction ID : C2874033

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

C. Andrew J Oakes-Lottridge MD

Mailing Address 1315 Florida Ave

City

Fort Myers

State

FL

Zip Code

33901-7707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2014

Transaction ID : C2893026

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

891.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James E Ohliger Jr

Mailing Address 130 Foresthill Dr

City

Amherst

State

OH

Zip Code

44001-2361

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Shore Primary Care

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

12 / 22 / 2014

Transaction ID : C2898876

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Gwendolyn A Oran MD

Mailing Address 295 Lakepoint PI N

City

Keizer

State

OR

Zip Code

97303-8318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

12 / 03 / 2014

Transaction ID : C2876610

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Gwendolyn A Oran MD

Mailing Address 295 Lakepoint PI N

City

Keizer

State

OR

Zip Code

97303-8318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

12 / 24 / 2014

Transaction ID : C2900087

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Javette C Orgain MD

Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.50

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : C2900036

Amount of Each Receipt this Period

187.50

Full Name (Last, First, Middle Initial)

B. Viral P Patel

Mailing Address 1022 N Union St

City State Zip Code
Middletown PA 17057-2158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 03 2014

Transaction ID : C2876132

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Sara Pena MD

Mailing Address 2548 E Lupine Ave

City State Zip Code
Phoenix AZ 85028-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 03 2014

Transaction ID : C2876150

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

917.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan Phillips

Mailing Address 807 N Myrtle Ave

City

Clearwater

State

FL

Zip Code

33755-4254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2014

Transaction ID : C2898911

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : C2876650

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Lewis Robinson MD

Mailing Address 17501 Village Inlet Ct

City

Fort Myers

State

FL

Zip Code

33908-7107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876613

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

12 / 19 / 2014

Transaction ID : C2898368

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Shirley Uhl Salvatore MD

Mailing Address 10 Hastings Ct

City

Pueblo

State

CO

Zip Code

81001-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Centura Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

12 / 03 / 2014

Transaction ID : C2876092

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dennis James S Sanchez MD

Mailing Address 4347 Clubhouse Dr

City

Lakewood

State

CA

Zip Code

90712-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

12 / 08 / 2014

Transaction ID : C2887181

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ted Curran Schaffer MD

Mailing Address 815 Freeport Rd

City
Pittsburgh

State
PA

Zip Code
15215-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C2907181

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. George Wm Shannon MD

Mailing Address 2301 Slate Dr

City
Columbus

State
GA

Zip Code
31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizons Diagnostics

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876653

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. George Wm Shannon MD

Mailing Address 2301 Slate Dr

City
Columbus

State
GA

Zip Code
31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizons Diagnostics

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900458

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Katy M Sheridan MD

Mailing Address PO Box 4136

245 Binkley St., Ste 203

City

Soldotna

State

AK

Zip Code

99669-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2014

Transaction ID : C2893028

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Linda Marie Siy MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Texas Health Scien

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876088

Amount of Each Receipt this Period

30.50

Full Name (Last, First, Middle Initial)

C. Andrea Leigh Skaggs MD

Mailing Address 1700 Old Lebanon Road

2620 Wilhite Dr Ste 102

City

Campbellsville

State

KY

Zip Code

40503-3385

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : C2876656

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1060.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrea Leigh Skaggs MD

Mailing Address 1700 Old Lebanon Road
2620 Wilhite Dr Ste 102

City State Zip Code
Campbellsville KY 40503-3385

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2014

Transaction ID : C2900212

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Robert J Skully MD

Mailing Address Grant Medical Center Outpatient
393 E Town St

City State Zip Code
Columbus OH 43215-4741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Grant Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : C2907174

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Dana Dana Sprute Sprute

Mailing Address 5109 Turnabout Lane

City State Zip Code
Austin TX 78701-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Seton/Ascension Health

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : C2900098

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

680.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael N Stiffman MD

Mailing Address 8100 34Th Ave S

City

Minneapolis

State

MN

Zip Code

55425-1672

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthPartners

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900100

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Windel A Stracener MD

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2014

Transaction ID : C2880301

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Glen R Stream MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : C2876652

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

815.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glen R Stream MD

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : C2900457

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Ethan Swee MD

Mailing Address 675 Hoes Ln W

City

Piscataway

State

NJ

Zip Code

08854-8021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2014

Transaction ID : C2876657

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. David Ethan Swee MD

Mailing Address 675 Hoes Ln W

City

Piscataway

State

NJ

Zip Code

08854-8021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2014

Transaction ID : C2900213

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erica Williams Swegler MD

Mailing Address 1101 W 40th St

City
Austin

State
TX

Zip Code
78756-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2014

Transaction ID : C2919269

Amount of Each Receipt this Period

111.00

Full Name (Last, First, Middle Initial)

B. Stacy J Taylor MD

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlotte Hungerford Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2014

Transaction ID : C2880303

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

c. Lloyd P Van Winkle MD

Mailing Address PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900035

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

207.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 45
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Suraj P Verma MD

Mailing Address 1595 Robb Drive
Suite 2

City State Zip Code
Reno NV 89523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prime Healthcare

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2014

Transaction ID : C2893020

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kevin S Wang MD

Mailing Address 1823 Terry Ave
Apt 1609

City State Zip Code
Seattle WA 98101-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Swedish Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900034

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. David Benjamin Ware MD

Mailing Address 137 Dan Dr

City State Zip Code
Eunice LA 70535-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr David B Ware

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : C2872804

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randell K Wexler MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900076

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Charles Wesley White MD

Mailing Address 460 Deerwood Lane

City

Lexington

State

TN

Zip Code

38351-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Physicians of Lexington

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : C2900117

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Santhosh Zafar

Mailing Address 1901 Centenary Blvd Apt D30

City

Shreveport

State

LA

Zip Code

71101-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876130

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1215.00

22434.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 45

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

7041.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2014

Transaction ID : C2876052

Amount of Each Receipt this Period

1015.64

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1015.64

1015.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 45

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City State Zip Code
THE WOODLANDS TX 77387

FEC ID number of contributing
federal political committee.

C C00311043

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : C2907150

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City State Zip Code
THE WOODLANDS TX 77387

FEC ID number of contributing
federal political committee.

C C00311043

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2014

Transaction ID : C2907151

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

3000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	1.35

M M / D D / Y Y Y Y
12 04 2014

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Age Group	Percentage
18-24	3.25
25-34	1.75
35-44	1.75
45-54	1.75
55-64	1.75
65-74	1.75
75-84	1.75
85+	1.75

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

81.25

85.85

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '12' with 4 segments lit. The second display shows '08' with 5 segments lit. The third display shows '2014' with 10 segments lit. The displays are arranged horizontally and separated by slashes.

16.25

State: District:

State: District:

A diagram of a rectangular box with a length of 2.73. The box is shown in perspective, with the top and bottom edges labeled with the value 2.73. The box is divided into three equal sections by two vertical lines.

State: District:

Category	Percentage
Do not use a mobile phone	25.48

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '12' with 4 segments lit. The second display shows '12' with 6 segments lit. The third display shows '2014' with 10 segments lit.

Category/
Type

Age Group	Percentage
18-24	10.8%
25-34	12.5%
35-44	14.2%
45-54	15.9%
55-64	17.6%
65-74	19.3%
75-84	21.0%
85+	22.7%

State: District:

Category/
Type

State: District:

Category/
Type

State: District:

A horizontal bar with a value of 8.03. The bar is light gray with a darker gray outline. The value "8.03" is displayed in black text at the right end of the bar.

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

A. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D163924

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

0.98

Full Name (Last, First, Middle Initial)

B. American Express

Date of Disbursement

Mailing Address PO Box 53852

The image shows three digital displays. The first display shows the number '12' with the letters 'M' and 'M' above it. The second display shows the number '26' with the letters 'D' and 'D' above it. The third display shows the number '2014' with the letters 'Y', 'Y', 'Y', and 'Y' above it. Each display is a simple rectangular box with a small gap at the top for the letters.

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D163925

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Full Name (Last, First, Middle Initial)

C. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D163926

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

0.81

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15.78

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

9.34

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

7.95

Age Group	Percentage
18-24	18.66
25-34	15.5
35-44	12.5
45-54	10.5
55-64	8.5
65-74	6.5
75-84	4.5
85+	2.5

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

0.81

M M / D D / Y Y Y Y
11 28 2014

9.34

MM / DD / YYYY

Age Group	Percentage
18-24	1.37
25-34	1.37
35-44	1.37
45-54	1.37
55-64	1.37
65-74	1.37
75+	1.37

State: District:

11.52

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

13.00

7.95

MM / DD / YYYY

12 / 02 / 2014

469.51

490.46

655.78

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

30.00